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APPS	Health Agreement Political Parties
ARH	Ayacucho Regional Hospital
ANGR	National Assembly of Regional Governments
CDMI	Distribution Centers of Drugs and Supplies
CEPLAN	National Center of Strategic Planning
CIES	Consortium for Social and Economic Research
CPT	Current Procedural Terminology
CTIN	National Health Insurance Implementing Committee
CTIR	Regional Health Insurance Implementing Committee
DARES	Strategic Resources Management Directorate
DIGEMID	MOH Health Supplies General Directorate
DISA	Sub-Regional Health Directorate
DGSP	MOH Persons-Health General Directorate
DGRH	MOH Human Resources Development General Directorate
DO	MOH Decentralization Office
DGPM	MOF Planning General Directorate
FP/RH	Family Planning and Reproductive Health
HIS	Health Information System/s
HHR	Human Resources for Health
HN	Health Network
IHC	Intergovernmental Health Committee
IDB	Inter-American Development Bank
IT	Information Technology
ILO	International Labor Organization
JUNTOS	Cash-transference Program in Support of the Poorest
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCLCP	Concerted Group for the Reduction of Poverty
MEF	Ministry of Economics and Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MN	Health Micro Network
NDI	National Democratic Institute
NGO	Nongovernmental Organization
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
PAHO	Pan American Health Organization
PAN	Articulated Nutrition Program
PI	Incentives Plan for the Improvement of Municipal Management
PARSALUD	Support Program of Health Reform
PCM	Prime Minister's Office
PEAS	Essential Health Insurance Plan
REMURPE	Network of Rural and Urban Municipalities of Peru
RENIEC	National Office for Identity Registration
RG	Regional Government
RHD	Regional Health Directorate
SECCOR	Secretariat for Coordinating the National Health Council
SETEC	Technical Secretariat of UHI Implementing Committee
SEPS	Supervisory Instance of Health Providers
SD	Decentralization Secretariat

SGP	Secretariat of Public Management
SIAF	Integrated Financial Management System
SIGA	Integrated Management System
SIS	Integrated Health Insurance Program
SISMED	Integrated System of Medical products and Supplies Management
SISFOH	Household Focalization System
SRHD	Sub-Regional Health Directorate
UHI	Universal Health Insurance
USAID	United States of America Agency for International Development

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On January 1st, new regional and local authorities started their four-year government periods in 26 regional governments and in more than 1800 provincial and district governments. In four of the six regions where the Project is working –Apurimac, Ayacucho, Cusco and Huánuco- new Regional Presidents were elected, three of them representing regional political movements and one representing a national political party. In San Martín and Ucayali, Regional Presidents were re-elected in approval of their previous performances.

As a result of the new governments, most regional high level officials, including social development managers and health directors –Directors, Deputies and Executive Directors- were changed, even in those regions where the Presidents were re-elected. At the regional level, the appointment of new officials, especially Directors is not based in a competitive process, but in a political decision. Although, most of the new Directors are competent health professionals, not all of them have a previous experience in health management and know little of the current health reform processes. In order to sensitize and inform them of the national government health priorities and ongoing decentralization process, the MOH organized with the technical assistance of the Project an extraordinary meeting of the Intergovernmental Health Committee (IHC), with the participation of both regional Social Development Managers and regional Health Directors. Moreover, the MOH organized a three-day on-site training sessions for the Health Directors in each of the MOH offices, including Health Insurance and Decentralization Offices.

In coordination with USAID, that initiated a process of updating the Memorandums of Understanding (MOU) with the new Regional Authorities, the Project visited the new Health Directors of Apurimac, Cusco, Huánuco, San Martín and Ucayali. In the first three regions, the Project will continue working this year without a Resident Advisor - as the previous year- because of budget restrictions. In each of these regions, and as a result of the meetings with the regional Directors and their technical teams, the Project agreed on an annual work plan and some specific results, as well as mutual responsibilities of both the Project and the Health Directorates (RHD).

In Ucayali, the Project appointed a new Regional Advisor starting this quarter, and in San Martin, we are keeping our former Regional Advisor. In Ucayali, the main efforts of the Project were focused in the evaluation and updating of the Regional Health Plan, and in San Martin, the efforts were focused in the design of a Regional Strategy for the reduction of chronic malnutrition. In Ayacucho, the launching meeting with the RHD was postponed to April, as well as the appointment of the project Regional Advisor.

At the national level, the Project hold a meeting with the MOH Directors and Office Chiefs, to identify the technical areas, where the contribution of the Project was required within the context of the six last months of the current national government. The selected areas of technical assistance were:

Decentralization:

- Continue strengthening the Intergovernmental Health Committee (IHC)
- Design of a model to manage national public health priorities at the regional level
- Contribute to the design of a citizen surveillance model

Health Insurance:

- Finish the revision of the Essential Health Plan (PEAS) and elaboration of a proposal for its institutionalization
- Elaboration of the technical document of Universal Health Insurance (UHI) financing system reform, to be used in the by-laws of the Financing Law
- Initiate the discussion of UHI funding and its relationship with the Results Based Budget
- Design a proposal for UHI payment mechanisms
- Finish the elaboration of the guidelines for the Multiannual Program of Health Investments (PMI)

Health Human Resources

- Continue fostering the discussion of health career
- Finish the methodological proposal to estimate HHR gaps at the first level

Based in the meeting with the MOH and the regional meetings, the project has updated its work plan and results that shall be evaluated by September this year.

2. Progress

During this quarter, Project activities were slowed as the management team was visiting the implementing regions to introduce the project, ongoing activities and to date accomplishments to the new regional authorities. Activities could continue, although in a slow pace, in Apurímac, Cusco and San Martín, and started in Ucayali. A new focus was demanded in San Martín, in order to assist the region in the design of a new strategy for the reduction of chronic malnutrition. And in Ucayali, activities started with the revision and update of the regional Health Plan, which will provide the guidelines for the implementation of the Project intervention.

At the national level, the Project reformulated its work plan and strategy based in the main issues the MOH shall focus in the first six months of the year, before the inauguration of the new national government. Main areas of assistance were related to provide technical assistance to the MOH Decentralization Office (DO) and the Intergovernmental Health Committee (IHC) in organizing and facilitating the first extraordinary meeting between the Minister of Health and all MOH Directors and the 26 recently appointed Regional Health Directors (RHD).

During this quarter, the Project trained and/or provided technical assistance to 979 persons, 72% at the regional level.

Table 1: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
Lima - National	67	211	278	28%
Apurímac	63	67	130	13%
Cusco	120	141	261	27%
Huánuco	7	2	9	1%
San Martín	86	205	291	30%
Ucayali	6	4	10	1%
Total	349	630	979	100%

Table 2: Number of participants to technical and training activities per CLIN

Region	Number of participants			Percentage
	Women	Men	Total	
Governance – decentralization	90	159	249	26%
Governance – political parties	18	65	83	8%
Financing	122	225	347	35%
Information	0	20	20	2%
Human Resources	11	25	36	4%
Medical supplies	82	101	183	19%
Project management	26	35	61	6%
Total	349	630	979	100%

A detailed description of activities is presented in the following lines, per each of the Project five components.

1. Health Sector Governance

1.1. Strengthen and expand decentralization of the health sector

In this quarter the Project has focused its technical assistance to the MOH Decentralization Office (DO) in supporting the Intergovernmental Health Committee (IHC) functioning. At regional level the technical assistance was centered in San Martin RHD reorganization and the elaboration of the proposal of Cusco RHD organizational redesign.

1.1.1 Health sector issues have been debated publicly in the political transition at the national and regional level

The political parties committee (APPS) continued working to propose a health agenda for the new government period 2011-2016. The selected topics were non communicable diseases and human resources; after the presentation's sessions on each issue, there were two sessions to discuss and systematize the proposals; it was also held a final closing session of this first part of the agenda. After that, the committee continue working to consolidate the proposals of each political party.

Because of the electoral campaigns, the signing of the documents was postponed for the next quarter.

The APPS also received invitations to participate to the National Health Council assembly to present and discuss the proposal of the health financing law, which was sent to the political parties for their opinion. Also because of the campaign, it was decided to postpone the presentation of the proposal and continue the discussion after the election.

The Project and the partners that have worked to foster the policy dialogue within the APPS in the last 5 years prepared a SOW and selected a consultant to systematize this process. (Appendix 1)

1.1.2 New health authorities and officials receive key information and policy advice regarding the decentralization process

During this quarter, the Governance team has formulated jointly with Finance component a plan for launching key information and policy advice regarding the decentralization process amongst new health authorities. As a part of this plan, the Governance team elaborated a policy brief containing key information on health decentralization, addressed to the new health authorities, initially at regional level. Additionally, the project began these activities in Ucayali holding a dissemination meeting on March 16th, where the team showed a presentation and gave to key regional actors (regional government and RHD officers and members of the Regional Health Council) a briefing on health decentralization.

By other hand, the project participated as an exhibitor in an expert panel on local health decentralization, at the Annual Conference of Rural Municipalities (CAMUR) held on March 17th and 18th.

Additionally, the Governance Team began the formulation of the Balance and Agenda of the Health Decentralization Process, formulating a framework. This is an important product for the project because it might have a strategic purpose: it might support the redesign of the health decentralization process; given that the current process has achieved its development limits and important adjustment should be introduced.

1.1.3 The Intergovernmental Health Committee (IHC) has agreed on, approved and is implementing a health agenda

The Intergovernmental Health Committee (IHC) has continued functioning through technical meetings of its working groups and ordinary and extraordinary meetings of its assembly. The MOH Decentralization Office (DO) attention has been focused mainly on strengthening the IHC functioning and organization and in the formulation of IHC's plan for the year 2011. The Project's role was to support the MOH in the elaboration of technical proposals and in the organization and facilitation of IHC meetings.

On February 10th and 11th, an extraordinary IHC meeting was held in Arequipa. The Governance team supported the MOH DO and the Ad hoc Commission in the preparation and organization of the IV ordinary meeting, elaborating the program, preparing the technical documents (methodology for IHC's plan and balance of IHC), and systematizing its conclusions and agreements. The main issues developed were: a) Induction session to the new regional IHC members about the nature, purpose, organization and functions of this instance; b) The methodology to be applied in the formulation of IHC's plan for the year 2011; c) The balance of IHC functioning and organization. The assembly approved the proposed methodology and the modification of its by-law, which proposal was debated in March ordinary meeting.

On March 25th and 26th, the V ordinary meeting of the IHC was held in Lima. The Governance team supported again the MOH DO in its preparation and organization, elaborating the program, the methodology of the meeting, preparing the documents (the new proposal of IHC by-law, proposal of objectives, products and activities for the IHC's plan in the basis of the issues prioritized by IHC's members) and presentations, and writing its conclusions and agreements. The main issues developed were: a) formulation of IHC's plan for the year 2011; and b) Approval of the new proposal of IHC by-law in order to strengthen its functioning and organization. At the last moment, the MOH introduced to the assembly the issue of the health competencies and functions matrix for the three governmental levels. Finally, the assembly approved the IHC's plan and its new by-law; additionally agreed the review of the mentioned matrix by IHC's members. The new by-law mandates

that the Executive Secretariat is a co-direction instance of the IHC with the participation of the three governmental levels.

During January, the Project continued providing technical assistance to the ***National Assembly of Regional Governments (ANGR)***, through its Technical Secretariat. A Technical Health Commission was formed to prepare the presentation “2011 health budget and the health agenda under the perspective of the regional governments”, to be exposed at the Seminar “Balance of the Peruvian decentralization process and the formulation of the regional agenda”, held on January 26th and 27th. This was the first meeting of the ANGR with the new elected Presidents, and included the presentation of the health agenda to the new authorities, as well as the election of the new President and Technical Secretariat. To date, the elected President and Secretariat has not asked to project to continue with its technical assistance.

The Project continued providing technical assistance to REMURPE (Network of Peru's rural municipalities) strengthening REMURPE's participation in the IHC, supporting the elaboration of its presentation at the IHC meeting held in Arequipa on February 11th and 12th, and advising the Secretariat in the identification of the main issues to increase local governments participation, such as strengthening the organization of IHC, the elaboration of a national health agenda (incorporating local governments), strengthening the decentralization process, among other issues.

The other subjects (preparation of REMURPE's health agenda and technical assistance in the analysis of fiscal decentralization) have not been tackled, because the Directors of REMURPE as well as the Technical Secretariat have been monitoring the process of change of municipal authorities, making permanently trips into the country, and focused in the organization of the REMURPE's Annual Conference of Rural Municipalities (CAMUR). In this Conference, held on March 17th and 18th, the new REMURPE's board was elected and installed.

1.1.4 The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health

The Vice-Minister of Minister of Health requested technical assistance from the Project to develop a proposal for Intergovernmental Management of prevention and

control of metaxenic diseases. This technical assistance is coordinated with the Amazon Malaria Initiative (AMI) of USAID. At this time we have developed a technical assistance plan with the National Health Strategy for Prevention and Control of metaxenic diseases and other diseases transmitted by vectors (ESN-PCEM OTV) of the Ministry of Health.

Technical Assistance to San Martin in the Design of a Regional Program for the Reduction of Chronic Malnutrition

The Regional Government of San Martin has as a priority to reduce child stunting prevalence and have decided to implement an effective program that allows a significant reduction at the end of the period 2011-2014. In this sense, the Regional Government authorities requested technical assistance from the Project to develop a program based on effective interventions rigorously evaluated and whose impact can be measured in terms of reducing malnutrition.

The Project team, and the technical staff and authorities of the Region Government identified the effective interventions and determined the baseline coverage of these interventions in San Martin. The interventions examined were varied and included the educational and promotional activities to improve nutrition, micronutrient interventions and preventive interventions for multi-sectoral action. Improving the coverage of more effective interventions through 2014 could reduced child stunting by 10 percentage points in the region of San Martin. This goal will require considerable efforts in terms of funding and management by the Regional Government.

To this end, the Project had proposed a plan for technical assistance in three stages, which was approved by the Social Development Division of the Regional Government of San Martin:

1. Definition of geographical priorities, budget beneficiaries and implementation of effective interventions
2. Operation design and program management to reduce malnutrition
3. Design and implementation of effective interventions

The technical assistance had been programmed during April thru July 2011.

1.1.5 Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization

The Governance team has continued supporting the implementation of San Martin RHD new organization. The Project's regional advisor has supported the RHD in the elaboration of the document of Personnel Assignment Cadre of the RHD and Health Networks. The reorganization process was slowed down during the management period of the previous RHD director, who was resigned in February 25th: he did not prioritized Health Micro Networks nor sent the proposal of Health Networks by-law to the Regional Government for its approval.

With the return of the former director, the project has taken again its technical assistance to the RHD. On March 15th and 16th, it was held in Moyobamba a workshop to define a new organizational implementation plan for the middle and short term, with the attendance of Regional Government, RHD and Health Networks officers. The workshop objectives were achieved partially: a) Proposal of expected results for the short and middle term linked to the health regional priorities; b) Identification of prioritized processes and sub-processes; c) Recognition of organizational requirements. RHD officers will complete the plan and after that they will send it to Regional Government for its approval.

In other regions, the Governance team has held technical meetings with Regional Governments and RHD officers, in order to develop organizational plans in RHD or Health Networks and Micro Networks:

- Cusco: As a consequence of the governmental change in January, the original commission in charge of the formulation of the RHD organizational redesign was changed and some of its members replaced. During the quarter, this commission has been revising the final proposal before its submission to the Regional Government for its approval. On October 17th and 18th The Governance team facilitated the fourth workshop on RHD organizational redesign, aimed at formulating a proposal of organizational design of Health Networks, with the attendance of 37 officers from the RHD, regional hospitals and health Networks. The main products were: a) definition of Health Networks organizational structures and roles; b) health functions distribution between Health Networks and

Micro Networks. Finally, on March 25th, it was held a technical meeting with the commission in order to distribute health functions amongst Health Network's proposed units, completing Health Networks design, and to confirm the constitution of Health Micro Networks.

- Apurimac: Continuing the process of technical assistance in this period, the governance team participated in the workshop to optimize the portfolio of services in coordination with the financing component, which was held on February 1st and 2nd in Andahuaylas city. By other hand, in Abancay the proposal of new Health Micro Networks delimitation has been submitted to the new regional government authorities by the Abancay RHD and is on track to be approved. In the case of Andahuaylas, the proposal is still under revision by the Health Directorate.

In February 2011, the governance team began its technical assistance in Ucayali. On the basis of the request for technical assistance defined by the regional authorities, the project has initiated technical assistance to make balance and adjusts the Health Regional Participatory Plan (PPR). For this purpose the project developed the proposal for technical assistance, which has been adjusted with the regional health authorities and identifying the activities to be developed with the respective timetable. The project has made a general methodology for assessment and adequacy of Health PPR, which has been presented and validated by officials of the Regional Health Directorate in a working meeting held on March 15th, 2011. It expects to complete the balance and adjust of the Regional Participatory Health Plan in late April.

1.1.6 The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local

To date, the local governments that accomplished the goals of the MOF Incentives Plan (PI), have not yet received 2011 money. Moreover, because of the transition to new municipal authorities, about 30% of the 2010 incentives were not spent and are still pending of MOF approval to be used during this year.

The Project has designed a new plan for the year, which shall promote an intergovernmental agreement between the regional and the local governments to

address the reduction of chronic malnutrition within the framework of the PI. Moreover, after the agreement, the project will train health officials of the Network and Micro-network level in the elaboration of joint plans with the municipalities to allocate budgetary resources to the Articulated Nutrition Program (PAN) and to reach the PI goals as well as advances in the reduction of chronic malnutrition.

During this quarter, the Project has advanced in the systematization of 2010 Project intervention, and has already foster the signature of agreements in San Martin and Ucayali.

2. Health Sector Financing and Insurance

2.1 Improve health coverage of poor and vulnerable populations

2.1.1 The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services

During this quarter, the Project has continued working with a technical team appointed by the MOH DGSP in the review and consistency of Health Insurance Essential Plan (PEAS). In this moment, there has been progress in reviewing and editing 135 PEAS` conditions, of a total of 140. This work has included the comparison of the PEAS with the national essential drugs list to identify new medical`s procedures and new drugs that required to be incorporated. This work has been advanced by more than 98% of the revision.

This effort has allowed the DGSP`s team to revise the PEAS, with the participation of several health specialists in many working sessions; in fact, this team has gained an advanced knowledge and management of the technical content of PEAS, which is a key element for the institutionalization`s process.

2.1.2 New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform

In March 2011, a meeting was held with the Regional Directors of Health of the Macro North Region, sponsored by the Regional Government of Piura, in order to discuss and raise issues of health financing, prior to the regular meeting of the CIGS. The hosts requested technical assistance of the project to supply with information and discussion among regional leaders. It provided key information about debt SIS 2008 and the reconciliation process from 2009 to 2010 (attached executive summary). In addition, it promoted discussion on other issues such as funding for universal insurance policy, improving budget management mechanisms, the need to assess the implementation of Strategic Programs by Results, including others.

Also, in the framework of the collaboration between the National Assembly of Regions (ANGR) and the project, it provided technical assistance to develop a technical report on the 2011 Budget and the Health Agenda from the perspective of regional governments, which discussed in the meeting of the ANGR in February.

2.1.3 The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance

At the regional level, the project continues to provide technical assistance to the RHD and regional implementing committees (CTIR) in PEAS and UHI implementation. In Cusco, the Project technical assistance focused in the elaboration of the regional plan for the implementation of health insurance.

In this quarter, the Project has completed technical assistance to CTIR Cusco, in the formulation of the Plan of Implementation of Universal Insurance, specifically for VRAE Area. Also, the project has prepared a proposal that would include the North Area in Cuzco.

This plan identifies the funding, demographic and social benefits gaps for VRAE area and north area in Cuzco. This plan develops between 11 and 13 strategies for the next four years of implementation and a plan of action for the first two years.

The plan of action consists of:

1. Train the health network to recruit the target population, considering that the SIS has established new rules for membership within the AUS.

2. Improve the response capacity of the health network facilities with the resources available, which means to source low cost, hiring the occupational group with the largest gap, optimizing physical and human resources, etc.
3. Improve the process of drug supply management, for which is necessary to improve the information and implement Distribution Centers in the short term.

The plan is pending approval by the Cuzco's Regional Government and the project will continue its technical assistance with the RHD in April.

During the quarter, the Project team continues its activities in the elaboration of Health Financing Technical Report - volume 2, which will include alternatives and recommendations for the convergence and sustainability of the health insurance policy as well as to improve efficiency in the allocation of resources and revenue mobilization. The main results of this study will be ready on April.

The project is in process of initiating technical assistance to the MOH to develop the logical framework of the UHI like a strategic budget program. For this purpose, the MOH has formed a technical team with members of Directorate of Planning and Budget Office (OGPP). This team will prepare a proposal for the Ministry of Economy and Finance, which will be formally presented for the MOH on May.

2.2 Ensure efficiency and equity in health resource allocation

2.2.1 Regional plan for improved management of health financial flows has been approved and is being implemented in one region

The precedent is the approval by the San Martin's RHD, in December 2009, of the Administrative Directive No. 001-2009-DEA-RHD/SM "Budget Execution Process", whose objective was to organize and simplify the process of budget management, seeking to avoid the disconnect between the health priorities and budget allocation decisions, and the problems generated because spending commitments are treated without any criteria for prioritization.

This process is part of the request for technical assistance from Regional Government of San Martin and it is to development and improvement of financial flows of health budget units.

In this quarter, there have been two workshops with officials from the RHD and health networks, and a field visit to gather information in order to diagnose the problem, know the current administrative processes and positions of different actors. Based on this data, we created a preliminary proposal for funding flows, the same that was presented and discussed at the workshop held on March, 10th.

The next step, after collecting the feedback gathered at the workshop, is to develop the final scheme of financial flows, to be submitted to the RHD for final validation. After this, the immediate task is to design the manual of procedures, a tool that allows operation of these flows. Technical assistance includes support to the RHD in the implementation of flows and its instruments.

2.2.2 RHD in one priority region has formulated multiyear health investment plan

The Project continued providing technical assistance to the MOH Planning and Budgeting General Office (OGPP) in the elaboration of the methodological guidelines for the Multiannual Health Investment Planning.

During this quarter, the Project provided technical assistance in designing the methodology and tools for estimating and prioritization of investment ideas, which is being reflected in a technical guide. The features of the proposed methodology (part two) are the following:

1. The sizing of investments is based on the gap of physical resources associated with UPSS, as a minimum unit decision.
2. The evaluation of investment ideas requires clarity of UPSS costs for each level of complexity.
3. The classification of investment projects ideas facilitates the negotiation that occurs when prioritizing.
4. It is important that regional governments propose their own criteria for prioritization. The criteria for making the guide facilitate the definition of the regional criteria.

The focus and main ideas of the methodology of multi-annual investment planning have been socialized to regional government officials and RHD in three macro regional meetings organized the MOH with the project.

Likewise, has begun to validate the technical guidance and methodological tools in San Martin, for which the process has been applied in that region, where a first coordination meeting was held with the regional manager of public investments and the RHD office of health investments. Soon to be implemented in the San Juan de Lurigancho in Lima, which is the most densely populated district in the country. Nevertheless, other regional officials shall be involved in this process during the next quarter because they are close to the regional investment decisions.

Finally, the project has collaborated with DGIEM to develop the infrastructure and equipment parameters for five levels of complexity of health system (I-1, I-2, I-3, I-4 and II-1).

3. Health Information

3.1 The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions

The first quarter of 2011 has been intense in the advance of partnerships between the project and MoH centered units (OGEI, SIS, SUNASA). The conversations sustained are encouraging since there is a wide acceptance by these units in the scope adopted by the project in order to strengthen health information systems, both in the standards further development approach and in the design of a provider health information system. Although it is likely that next months will reflect a slowing down pace for advancing the technical agenda, there is a high probability that there will still be space for reaching to very concrete milestones that are presented in the next lines.

3.1.1 National data quality standards are established or improved

Two points of the agenda have been worked in this quarter. The first related to the discussion of the final draft of the updated sector catalogue of medical procedures. The second related to the advance of the agenda on the design of interoperability standards.

Regarding the medical procedure catalogue, the discussion has been unexpectedly delayed due to out-of-MoH reasons. The decision of the MoH of actively involving EsSalud in the discussion of the draft has extended the timeframe of the approval process. EsSalud during this quarter has changed its highest decision-making authorities, and unfortunately there have been public worries on corruption issues related to the general management of this institution. This has had a direct impact on the internal priorities given to technical discussions, since more time is currently devoted to prepare documentation to be handed to the Government Audit Agency. As a consequence, the advance in this issue is stopped.

However, the MoH has identified that the minimal technical advance that has to be reached in the next two months is the confirmation and updating of the medical procedures that are related to the implementation of the universal health insurance reform. This is a set of around 600 tracer medical procedures whose registration is necessary in order to document the provision of the PEAS in pilot regions first and nationwide afterwards. The MoH has asked the Project to provide a technical proposal, based on the larger set of medical procedures so has to have an internal discussion and to proceed to the approval and official launching. The Project has started this task and it is estimated that will be finished by the end of April.

Regarding the design of interoperability standards, the Project has maintained its close coordination with the MoH consultant in charge of the preparation of the technical proposal to be advanced. In particular meetings were arranged with Cayetano Heredia University so as to involve this institution in the launching of the working group. Besides, additional meetings were held with SUNASA, SIS and EsSalud in order to get their institutional approaches for advancing the technical agenda. In general terms, there is an acceptance that, in parallel to the formal definition of working groups in charge of the official agenda, there is need to advance the technical discussion of the design and implementation of some key interoperability standards that are implicitly mandated by law. The most important one is the interoperability standard for the affiliation process. SUNASA has two milestones, one set for May 2011 and the other set for May 2012, dates in which the on-line transfer of affiliation data has to be advanced and finished, respectively, across financing and provision agencies. Both, SUNASA and SIS have received

information that HL7 will be the general platform in which the standards will be developed, and are eager to be actively involved in the technical work.

The Project has transmitted this urgent need to the MoH and OGEI is eager to start next month the corresponding technical meetings. It is likely that a first draft will be ready for further discussion by early June.

3.1.2 Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions

Regional plans execution has continued in Ayacucho and San Martin. A regional action plan is pendant to be prepared by Ucayali. Approaches have been different in San Martin and Ayacucho.

In Ayacucho, new regional health authorities have been appointed, and they are identifying their priorities and preparing their corresponding actions to be taken. At the RHD level, there is a need to set key and visible IT policy issues to be advanced. In this context, the technical agenda of the project and the component has been welcome. Particularly, the design of the GalenHos-Primary Care and the preparation of investment projects for the strengthening of the IT hospital infrastructure. Regarding this issue, next quarter will be critical for the preparation of such technical documents. At the Ayacucho Regional Hospital, the new administration is in current process of assessing the role of having a commercial Hospital Information System or GalenHos. A decision might be taken in April, and the corresponding technical assistance plan to this hospital will be adjusted, as necessary.

In San Martin, a special emphasis has been given to the implementation of GalenHos in Moyobamba and Tarapoto Hospitals. During quarter 5, the local work has been directed towards the migration and/or adoption of data health standards to be managed by GalenHos. This work has showed to be more difficult than expected, mainly because of the coexistence of many manual registration routines with semi-automatic data entry. In particular, the adoption of the current medical procedures standard revealed difficult to face, since there is more technical detail that has to be taken into account as compared to previous lists of services that were neither comprehensive nor consistent. This has been particularly evident when the

assignment of prices to procedures started, when several gaps were identified between pricing lists.

Other regions with which technical assistance continued to be provided are Huánuco, Cusco, La Libertad, Tumbes and Cajamarca. Regarding Huánuco, new health authorities have confirmed their interest in advancing the agenda for modernizing their hospital information system. Two hospitals have confirmed their interest in this initiative, i.e. Huánuco and Tingo María. During next quarter technical workshops will be held in order to prepare the corresponding investment projects for strengthening their IT infrastructure.

In Cusco, the discussion of an institutional agreement between Sicuani hospital and the project has been advanced. It is expected that the agreement will be signed by the start of April. Training activities for the implementation of GalenHos have started with the IT staff of this hospital, and this hospital has shown interest in developing a blood bank module within GalenHos.

In La Libertad, Belen Hospital has signed the institutional agreement to complete the implementation of GalenHos. The hospital has agreed to start the design and further development of an individualized pharmaceutical dispensation management module. A local implementation plan is to be defined in April, within which training activities will be incorporated.

In Tumbes, in accordance to the institutional agreement signed with JAMO hospital, training activities were performed by the project with the attendance of key staff of this hospital. Implementation activities are being executed as planned, and it is expected that GalenHos will be fully operative by May. A new module for the design and development of an outpatient clinical registration module is under way, and will also be ready for operative assessment by May.

In Cajamarca, implementation activities have been delayed due to the change of political authorities at the Regional Government. This has involved the change of the executive director of the hospital. However, activities have been restarted and the new director has confirmed the decision to implement GalenHos in the new Regional Hospital to be inaugurated by June.

Regarding GalenHos Hospital version, during quarter 5, maintenance activities have continued, and some of the most important changes are mentioned below:

- Logical reconfiguration (division) of the pharmacy warehouse into three separate warehouses: regular warehouse, national strategies warehouse and donations warehouse. This improvement goes beyond the current SISMED regulations, and allows the specialized management of each warehouse with its own business policies, and with the generation of its own operational indicators and aides (e.g. alerts when pharmaceuticals of any of these warehouses are close to the expiration date).
- Introduction of the prototype of the outpatient electronic registry module into GalenHos. Assessment period will extend during next quarter, and according to the results, this module will be added to the standard GalenHos version.
- Introduction of the HIS export routine. This routine allows the direct generation of MoH's HIS database based on GalenHos registration modules. The routine is ready to be put into operation by Ayacucho Regional Hospital.

Regarding GalenHos – Primary care, the design process has finished and involves the definition of data registration requirements to be incorporated, as well as the logic structure of the database. The platform database to be used is PostGreSQL and the programming language is Ruby on Rails. This combination allows the development of GalenHos for multiple web applications: MS Internet Explorer, Mozilla Firefox, Google Chrome, etc. Coordinations have been started with Kimbiri health network, at Cusco, to prepare the pilot implementation of the following modules: Admission, Clinical Files and Medical Programming. This pilot implementation will start on April.

4. Health Workforce

4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

4.1.1 Dialogue between experts and policy makers to design civil service policies in the health sector

In January 7th, a joint monitoring was developed between the project and the MINSA-HR team, one of the agreements in this technical meeting was to provide technical support to the MoH in the design of a publication about all the analysis and opinions obtained in the national and international meetings, focused on the comparative analysis among selected LAC countries in the development of a health career path.

In this sense, a scheme was defined and the project prepared a proposal of document. This document will be a chapter of the MoH publication (Appendix 4.1).

The project elaborated reports about the process and products obtained in each of the national and international meetings developed. These reports were taken into account in the redaction of the other chapters of the final document.

4.1.2 Design and validation of broad based system for planning health workforce has taken place in one region

At the national level, once agreed with the Ministry of Health the basic methodology for calculating the health human resources gap, we started the development of all the operational instruments and tools for the local implementation. The MOH financed two studies related to variables to adjust calculations made by ASEGURA.

At the regional level, Regional Health Directorate San Martín asked the project for technical assistance to determine the needs of human resources for the first level of care, to be included in the 2012 budget formulation process, which will be starting in the second quarter of the year.

Every aspect of the basic methodology was developed in detail and reviewed with our technical partners (MOH and RHD San Martín). As a result, a roadmap was agreed among MOH, RHD team and the project, including the organization and collection of the required information, the identification of tasks with the respective responsible and the timetable.

In order to apply the methodology, it was necessary to consider these key issues:

- a) ASEGURA adjustments: ASEGURA was designed to make financial analysis at the national level and includes each type of health procedures linked with a specific health staff category and a specific unit time (Activity Standard or

activity time)¹. So, to define actual Activity Standards to provide the required volume of PEAS services at the regional and local level, ASEGURA needs to be flexible to: i) consider local incidence of priorities diseases; ii) determine the work which is actually undertaken by health staff by networks according to PEAS services and the actual operating capacity of health facilities iii) consider regional and local population structure.

- b) Determining available working time per year: To calculate the actual time available to provide PEAS conditions by health staff category (Standard workload), we will take into account the total hours under a contract, deduct the time health workers are legitimately not available to deliver PEAS services at their normal place of work throughout the whole year (vacations, sickness absence, holydays, training, local travel, administrative burden, etc.).
- c) Determining rurality index: Performance is different in rural and urban settings. So, it is important to determine an index by rurality to adjust calculations.

To determine available working time per year, the project provided technical assistance to the MOH in the design of the scope of work to contract a consultant who defined “the average time each health staff category are not available”, through a study based on the application of an interview with health workers in a sample of health facilities of 2 networks in the RHD Ayacucho. The results of this study are shown in the table below.

AVAILABLE WORKING TIME PER YEAR BY STAFF CATEGORY AYACUCHO

	Médico	Odont.	Enferm.	Psicól.	Obstetriz	Biólogo	T. Social	T. Lab	Tco.	Aux.
ABSENTEEISM	352.00	342.00	382.00	342.00	352.00	332.00	352.00	352.00	352.00	352.00
Vacations	240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Holidays	64.00	64.00	64.00	64.00	64.00	64.00	64.00	64.00	64.00	64.00
Onomastic	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Unexpected lack	40.00	30.00	70.00	30.00	40.00	20.00	40.00	40.00	40.00	40.00
TRAVELS	75.93	181.38	93.05	165.08	121.89	120.45	132.09	52.00	77.29	77.29
Emergency Care	27.80	67.03	8.36	52.95	45.10	5.42	46.44	2.00	22.85	22.85
Emergency travels	2.90	3.11	1.38	1.33	4.40	1.50	1.38	4.00	1.75	1.75
Extramural activities	29.17	90.74	71.19	101.57	59.45	105.80	72.60	33.00	38.66	38.66
Displacement extramural	6.60	4.50	1.56	1.45	3.97	3.07	1.28	4.00	3.54	3.54
Health campaigns	4.31	4.00	5.25	3.63	3.94	2.42	3.67	7.50	4.99	4.99

¹ How much time on average a case should take each staff category which is involved in it, working to acceptable professional standards. (WISN, a manual for implementation, pag. 5)

	Médico	Odont.	Enferm.	Psicól.	Obstetriz	Biólogo	T. Social	T. Lab	Tco.	Aux.
Campaigns Shift	5.15	12.00	5.31	4.15	5.03	2.24	6.72	1.50	5.50	5.50
ADMINISTRATIVE CHARGE	80.00	69.00	69.00	64.00	59.10	59.10	59.10	59.10	40.00	59.10
Local management	20.00	15.00	15.00	10.00	9.10	9.10	9.10	9.10	0.00	9.10
Management out	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	0.00	10.00
Coding and Reporting	20.00	20.00	20.00	20.00	16.00	16.00	16.00	16.00	16.00	16.00
Preparation of documents	30.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
ATTENTION NO PEAS	65.67	55.22	51.52	112.05	78.23	14.25	9.61	33.00	16.72	16.72
Traffic Accidents	8.43	1.75	3.92	1.50	7.89	0.00	0.00	1.00	4.16	4.16
Suicides	3.46	0.50	3.36	18.83	2.33	2.00	3.00	0.00	1.62	1.62
Assault	17.02	4.00	13.37	39.47	13.96	0.00	3.25	2.00	4.35	4.35
Forensic examinations	5.43	0.00	3.00	42.50	6.25	0.00	0.00	0.00	2.25	2.25
Assisted Transfer	31.33	48.97	27.87	9.75	47.80	12.25	3.36	30.00	4.34	4.34
TOTAL HRS NO PEAS + OTHERS	573.60	647.60	595.57	683.13	611.22	525.80	552.80	496.10	486.01	505.11
Total Contracted hours	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
Available working time	1,226.40	1,152.40	1,204.43	1,116.88	1,188.78	1,274.20	1,247.21	1,303.90	1,313.99	1,294.89
% of time to provide PEAS	68.1%	64.0%	66.9%	62.0%	66.0%	70.8%	69.3%	72.4%	73.0%	71.9%
% of time to provide no PEAS	3.6%	3.1%	2.9%	6.2%	4.3%	0.8%	0.5%	1.8%	0.9%	0.9%
% of time, non provision	28.2%	32.9%	30.2%	31.7%	29.6%	28.4%	30.2%	25.7%	26.1%	27.1%

Note: Health facilities in the sample had no medical technologist, nutritionist, radiology technician, physical therapist

To establish a Rurality Index, the project support the MOH in the design of the scope of work to contract a consultant who using a set of indicators, defined rurality index to all the districts of San Martín Region. The project has provided feedback and maintained close coordination with the MOH to monitor this consultancy. Currently, the MOH is using the results of this report to allocate new health professionals to rural areas. (Appendix 4.2)

An important aspect to consider is to define if calculations to determine HR gap will be from a budget executing unit, from a network, from a province, from a micronetwork, from a district. This definition will be held in San Martín, taking into account the level of disaggregation of the required information.

In this sense, San Martín management team, the MOH and the project defined a work plan to collect all the information in order to calculate the gap for all the health networks of San Martín (10 health networks², 78 districts and 750,000 persons). The MOH will finance a similar study developed in Ayacucho to determine the available

² 39 micronetworks and 358 health facilities.

working time per year for San Martín³. This information will be used to define financial requirements to be included in 2012 institutional budget to cover part of the total HR gap. Therefore, the timetable was established until May 30th.

The MOH is very interested in the results of the validation of this methodology, in order to scale it up to the whole country.

4.1.3 Design and validation of regional human resources management system has taken place in one region

At the national level, the project had a meeting with the management team of the MOH Human Resources Development General Directorate (DGRH) to monitor progress in the design of the architecture of a Human Resources Management System and to define the next steps, especially considering that this government ends its mandate in July. In this sense, the DGRH has decided to publish the progress made to date. Regarding the HR management system, it was agreed that the project would support the MOH team in drafting the publication of the progress of the system design. As reported in the previous QR, this design took into account the proposals of SERVIR.

During this quarter, the project worked with the MOH-DGRH team in the definition of the structure of the publication and in the discussions about the content of each of the chapters of the document.

PARSALUD has included in regional workplans, consultancy for the design and the implementation of human resources management system in Cajamarca, Cusco, Ucayali, Huánuco and Ayacucho. At least, in Cusco, Ucayali, Huánuco and Ayacucho will be necessary to coordinate some activities and results.

At the regional level, San Martín RHD demonstrated to have technical and political conditions to develop all the project activities in an articulated way. So, the design and the implementation of the system have been being worked in San Martín.

Because of changes in management team in San Martín RHD, especially in the Office of Institutional Development and Quality, in charge of leading the design of a HR management system, it was necessary to develop a technical meeting with new

³ Ayacucho Region is located in the mountains; San Martín Region is located in the jungle. Both of them have different cultural and geographical characteristics.

management team in order to take a balance of progress achieved in the HR management system design.

The agreements of this meeting were:

- a) Based on the architecture defined at the national and regional level, the processes of the system will be designed in a bottom-up approach.
- b) To design a process, a micronetwork will be selected, and a workshop to identify and prioritize a health service problem will be held.
- c) The process or processes related to the problem prioritized will be identified.
- d) For the process selected, the flow of decisions from bottom to up will be defined, as well as the sub-processes with their inputs and outputs, to resolve the problem identified in the micronetwork.
- e) After evaluation and validation of the implementation of new flows or the improvement of the existing process, an operational manual will be drafted.
- f) We planned to perform the first activity for the first week of March and end with the implementation of changes or improvements by June.

In March, RHD San Martin set a new schedule of priority activities for the entire project; and regarding human resource component, RHD prioritized the calculation of the gap and delayed the start of the design of the system by June.

4.1.4 Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region.

At the national level, the MOH asked about the possibility of using the competency profile defined by San Martin, in order to identify competencies for the functions transferred under decentralization. In that sense, the project developed a matrix which correlate competencies with each of the functions transferred.

This matrix showed the need to explore some functions which require the participation of experts in a specific function. In this regard, the MOH-DRH will organize technical meetings with the MOH Directorates and Offices to review and

complete the competencies that may be lacking in the matrix. Given the short time to finish the current management processes already underway, is unlikely to start this new task involving other divisions of the MOH.

At the regional level, RHD San Martin finished the definition of competencies profiles to each of their units. All the work and the results were written in a document called "Dictionary of Competencies". RHD San Martin sent this document to MOH. (Appendix 4.3)

The MOH sent to all RHD to review a proposal for a guide to define job competencies using Functional Analysis. The RHD San Martin replied that they have applied the functional analysis to define managerial competences of the RHD and attached the document "Manual to define managerial competences: RHD San Martin" that presents the process followed by San Martin in the definition of these competencies (Appendix 4.4).

5. Medical Products, Vaccines and Technologies

The first quarter of 2011 was marked by the resumption of activities following the regional elections. In those Regions where there was administrative continuity, which was only the case of San Martin, technical assistance continued as already agreed. In the regions of Cusco and Apurimac, where there are new governments, and the Project will not have Regional Advisors, contact was made with the Directors of Health and Medicines, to prioritize their technical assistance needs, develop an intervention plan and identify counterparts. In Ayacucho, where there is a new management and anew Regional Advisor, activities have not been resumed, but we are aware of their interest in continuing receiving technical assistance from the project. In Huánuco, where there is a new administration and the Project has no regional advisor, we have not received an expression of interest from the RHD. Finally, in Ucayali, where the Project started operating, we are waiting that our regional advisor takes contact with the responsible for supply of medicines in the RHD to develop jointly a work plan.

5.1. Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are

procured, stored, transported and in stock at facilities according to established logistics standards

Depending on previous agreements or the prioritization of activities in each region we continued with most of the action plans previously developed. The San Martín RHD prioritized the design and layout of its drug supply processes. In January 2011 a final meeting was held to validate what was developed during the last months of the previous year. The product was a Processes Manual (MAPRO) for the RHD, networks and micro networks for medicines supply management. We are currently providing technical assistance to develop a methodology for estimating drugs and supplies requirements in the region.

In the Apurimac I, at the request of the new administration, we provided technical assistance to develop the action plan for the Medicines Directorate, on the basis of improving the whole process of supply of pharmaceuticals and medical products, ensuring availability in health facilities. We were requested for further assistance to develop processes manual, roles and create indicators to optimize the management of drug supply in their region. At the request of the Director of the RHD, we worked in the layout and standardization of local procurement processes. The objective was to optimize this process, reducing wasted times. For May 2011 the Project will begin the workshops to improve its entire schedule procurement process, including budget issues and funding sources. During the next quarter also should continue the implementation of a distribution network, which was developed in 2010.

In the Sub Region Chanka Directorate (DISUR Chanca, Apurimac), we had a first contact with the new administration which basically agreed to continue the work plan developed in 2010. To improve their distribution, they will continue with the implementation of the Distribution Centers for Drugs and Supplies (DCDS/CDMI) once was defined the new regional structure of micro networks. In the short term, with the aim of improving its operation, the Project will examine the processes that follow each DCDS. The next trip is scheduled during the days when it the distribution to health facilities is made. Also they decided to begin the systematization of programming management and supply chain processes in the DISUR Chanka, and reinforce the relationship with the administrative areas (Planning, Logistics, SIS) in order to make procurement processes more fluids.

In the Cusco we had our first workshop in mid-January where they worked areas for improvement in their processes of information generation and distribution. Later in March, these strategies were included in the implementation plan of the UHI, developed by the RHD Cusco. It has been decided to initiate technical assistance in UHI prioritized networks (Kimbiri-Pichari, North Cusco, and The Convencion). Medicines Directorate was actively involved in this process. They have also decided to improve the quality of information generated in the region in relation to inventory and consumption of drugs. Additionally, scheduled for the fourth week of April a workshop to define the flows in the process of programming purchases and procurement of drugs and supplies in the RHD and develop a processes manual that links the management of all areas involved.

5.1.1 Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region

As mentioned, this development has begun with the RHD San Martin, where in addition, we are going to accompany to his participation in the national corporate purchase.

The aim is to develop a methodology for estimating needs for medical supplies and medical devices:

- Aligned with the sanitary objectives of the region
- According to the epidemiological profile of target population
- Within the framework of Universal Insurance and PEAS
- On the basis of the programmed services and the production capacity of the Networks / Micro Networks, and articulated with the programming and budget availability.

The agreed methodology is as follows:

1. Collection and analysis of information for estimating and scheduling pharmaceutical and medical supplies.
2. Defining criteria for RHD programming.
3. Validation of medical cases and drugs and supplies estimated by the micro-network.
4. Validation and consolidation of information from the micro-networks by health networks.

5. Consolidation of reported cases and of the estimation and scheduling of medicines and supplies by operational networks.
6. Consolidation of information and assessment of medicines and supplies programmed in the region.

5.1.2 Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region

The systematization of an entire management system to ensure the quality and availability of drugs and medical devices has begun in the DISUR Chanka (Apurimac), which will be validated and institutionalized. It is intended that in addition, be disseminated nationally.

The methodology is based on including in the management criteria:

- (1) Replacement cycle management based on the pull system (the process starts from the health facilities and is pulled, with a integrality logic.).
- (2) Cash Flow Management (management of scarcity to maximize results in line with the mandate of the Region).
- (3) Purchasing Management (coordinated with the budget cycle).
- (4) Risk Management (incorporating the danger of stop the cycle of supply, as a priority).

The aim is to ensure continuous supply of medicines and supplies covering the needs, according to their priority.

5 Results Reporting Table

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
Project Management				
Project planning, monitoring and reporting				
Coordination with MOH and regions	Central		Completed	
Presentation of work plan with key RG counterparts	Regional		Completed	
Presentation of work plan with key MOH counterparts	Central		Completed	
Presentation of work plan with key national partners	Central		Completed	
Presentation of work plan with key regional partners	Regional		Completed	
Web Page update	Central		Completed	
Quarterly monitoring meetings with staff	Central		Completed	
Health Governance				
Strengthen and expand decentralization of the health sector				
Health sector issues have been debated publicly in the political transition at the national and regional level				
Central	Central			
TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda (National and Lima)	Central		Completed	
Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues (National and Lima)	Central		Completed	
Systematization and dissemination of the results of policy dialogue (D 1.1)	Central		Initial	
New health authorities and officials receive key information and policy advice regarding the decentralization process				
Elaboration of the systematization of the health decentralization process (D 1.2)	Central		Initial	
Publication of policy briefs	Central		Initial	
Meeting with key actors (ANGR, REMURPE, etc.) regarding health decentralization	Central		Initial	
Ucayali	Ucayali			
Presentation of executive summaries to new health administration regarding health decentralization	Ucayali		Completed	
The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda	Central			
Central	Central			
TA to MOH and RHDs to organize and facilitate meetings of the IHC	Central		Completed	
Elaboration of technical report on local health functions matrix	Central		Advanced	
The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health	Central			
Central	Central			
Constitution of public health work group and approval of work plan	Central		Initial	
Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization				
Central	Central			
Elaboration of operational guideline for the delimitation of health networks and micro networks	Central		Intermediate	
Elaboration of methodological guidelines for RHD reorganization	Central		Advanced	

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
TA to MoH Decentralization Office in the second regional application of MED Salud-I	Central		Initial	
TA to MoH Decentralization Office in the revision and validation of regional MED Salud-II	Central		Initial	
Cusco	Cusco			
Workshops for the organizational design of RHD	Cusco		Completed	
TA to design reorganization of networks and micro networks	Cusco		Completed	
Elaboration of technical proposal for RHD organizational redesign	Cusco		Completed	
San Martín	San Martin			
TA for the revision and update of the reorganization plan	San Martin		Initial	
Elaboration of RHD internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	San Martin		Advanced	
Elaboration of Health Network internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	San Martin		Advanced	
Ucayali	Ucayali			
TA to formulate Regional Health Plan	Ucayali		Completed	
The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments				
Central	Central			
Systematization of the Municipal Incentive Program (MIP) during year 1 (D 1.5)	Central		Initial	
Elaboration of awareness and training program for health network and micro network chiefs for agreements with LG	Central		Advanced	
Huanuco				
Interviews to RG and selected LG to complete the systematization of 2010 MIP implementation	Huanuco		Completed	
San Martín	San Martin			
Interviews to RG and selected LG to complete the systematization of 2010 MIP implementation	San Martin		Completed	
Technical meeting with RG to define intergovernmental relationship strategy	San Martin		Completed	
Ucayali	Ucayali			
Technical meeting with RG to define intergovernmental relationship strategy	Ucayali		Completed	
One RHD has approved health sector anticorruption plan				
Huánuco	Huánuco			
TA to Regional Government to elaborate Anticorruption Plan in Health	Huánuco		Initial	
Health Insurance and Financing				
Activity 2.1: Improve health coverage of poor and vulnerable populations				
The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services	Central			
TA to MOH to update pharmaceutical components related to the clinical content of PEAS	Central		Completed	
TA to MOH to update standard costing of PEAS	Central		Initial	
Elaborate description of technical design PEAS	Central		Completed	

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
Ucayali	Ucayali			
Presentation of executive summaries to new health administration regarding health insurance	Ucayali		Completed	
The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance				
Central	Central			
Publication of working document Fiscal Space	Central		Intermediate	
Elaboration of a technical report on Health Financial Reform (D 2.3)	Central		Intermediate	
TA to MOH to elaborate report of the design of the M&E framework of UHI	Central		Completed	
TA to MOH to present report of the design of the M&E framework to key actors	Central		Completed	
Cusco	Cusco			
TA to the RHD and CTIR in the analysis of financial gaps for UHI implementation	Cusco		Completed	
TA to the RHD and CTIR in the elaboration of UHI implementation plan	Cusco		Completed	
Activity 2.2: Ensure efficiency and equity in health resource allocation				
The MOH (SIS) has designed a new payment mechanism for primary health care providers to introduce efficiency and equity incentives and ensure that payments to local health providers are timely				
Central	Central			
TA to MOH and SIS to develop proposal of new payment mechanism for primary health level care	Central		Initial	
Regional plan for improved management of health financial flows has been approved and is being implemented in one region				
Central	Central			
Elaboration of methodological guideline to collect information regarding critical procedures of financial flows from BU to Non fund holders Health Network and Micro networks	Central		Completed	
San Martin	San Martin			
Technical meeting with RG, SDD and RHD to present initial findings	San Martin		Completed	
Collection of information of current financial flows within the BU to Non fund holders Health Network and Micro networks	San Martin		Completed	
RHD in one priority region has formulated multiyear health investment plan				
Central	Central			
TA to MoH (DGSP y DGIEM) to adjust technical parameters to be included in the methodological guidelines for the formulation of the multi-year health investment plan	Central		Completed	
TA to MoH to adjust methodological toolkit for the estimation of physical gap and prioritize investment health needs for the elaboration of a multi-year health investment plan	Central		Completed	
Technical meetings with MoH to define activities/strategy toward the validation of a methodological guidelines for the estimation of physical gap regarding to the elaboration of a multi-year health investment plan	Central		Completed	
Technical meetings with MoH and MoF to discuss methodology of formulation of the multi-year health investment plan	Central		Intermediate	

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
San Martin	San Martin			
Technical meetings with RG and RHD to discuss and adjust the methodological guidelines for the formulation of a multi-year health investment plan at the regional level	San Martin		Completed	
Health Information				
The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions				
National data quality standards are established or improved	Central			
Central	Central			
TA to the MOH for the conformation of the Implementing group of the Standard of Interoperability HL7	Central		Advanced	
TA to the MOH for the design of the Development plan of standard of Interoperability for the affiliation of users of AUS	Central		Intermediate	
Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions				
Central	Central			
Development and validation of the prototype of GalenHos-Primary Care (including micro-network)	Central		Intermediate	
Migration of hospital GalenHos to a free access platform	Central		Advanced	
GalenHos maintenance Hospital	Central		Completed	
Development of public investment project for the health provision information system for hospitals	Central		Completed	
Design of Blog for the sensitization and induction in the handling of GalenHos Hospital	Central		Initial	
Training of GalenHos implementers (Hospital and first level)	Central		Completed	
Ayacucho	Ayacucho			
Maintenance of GalenHos-Hospital	Ayacucho		Completed	
Cajamarca	Cajamarca			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Cajamarca		Advanced	
Cusco	Cusco			
Technical meeting with RHD, Network Managers to design implementation plan of GalenHos-Primary Care	Cusco		Initial	
Tumbes	Tumbes			
Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	Tumbes		Completed	
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Tumbes		Completed	

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
Health Workforce				
Activity 4.1: Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.				
Dialogue between experts and policy makers to design civil service policies in the health sector	Central			
Central	Central			
Technical assistance to MOH in policy dialogue for Health Career Path (Focus in the first level of care)	Central		Completed	
Elaboration of report of comparative analysis of health career path	Central		Completed	
Design and validation of broad based system for planning health workforce has taken place in one region				
Central	Central			
Technical meetings with MOH and RG to coordinate guidelines for HHR planning	Central		Completed	
Development of research to determine the HR time available for healthcare activities	Central		Completed	
Development of research to estimate the performance index adjustment due to rural conditions	Central		Completed	
San Martin	San Martin			
Data collection to validate tools and methodology to determine the HR time available for healthcare activities	San Martin		Initial	
Design and validation of regional human resources management system has taken place in one region				
Central	Central			
Technical meetings with MOH in order to define a proposal of procedures in order to implement the HHR management system	Central		Completed	
Elaboration of report of regional human resources management system design	Central		Completed	
San Martin	San Martin			
Rapid assessment of HHR situation at regional and local level and define and prioritize a HHR process of the system.	San Martin		Initial	
Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region				
Central	Central			
Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies	Central		Completed	
Elaboration of methodological guidelines for job competencies definition	Central		Completed	
Elaboration of competency dictionary	Central		Completed	

Project Components, Activities and Sub-Activities	Location	Qrt 5 -2011	Monitored	Qrt 6 -2011
Medical Products, Vaccines and Technologies				
Activity 5.1: Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards				
Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region				
Central	Central			
Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.	Central		Advanced	
Apurimac - Andahuaylas	Apurimac			
TA to RHD to strengthen the capacities of logistic management (Manual of Good Practices)	Apurimac		Advanced	
San Martin	San Martin			
Validation of methodology to forecast and program needs of pharmaceutical products	San Martin		Initial	
Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region				
Apurimac - Abancay	Apurimac			
Implementation of the Distribution Centers of medicines and supplies (CDMI)	Apurimac		Initial	
Implement proposal developed by the RHD for regional distribution	Apurimac		Initial	
Apurimac - Andahuaylas	Apurimac			
Implementation of the Distribution Centers of medicines and supplies (CDMI)	Apurimac		Advanced	
San Martin	San Martin			
TA to improve logistic process and procedures	San Martin		Advanced	
TA to Preparation of manual processes (MAPRO) on regional flows prepared for drug delivery	San Martin		Completed	

6 Planned Activities April-December 2011

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Project Management				
Project planning, monitoring and reporting				
Web Page update	Central			
Quarterly monitoring meetings with staff	Central			
Elaboration of quarterly progress reports	Central			
PMP base line and monitoring	Central			
Elaboration of annual reports	Central			
Coaching training for staff	Central			
Overall project deliverables	Central			
Technical report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding the universal health insurance pilots	Central			
Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of maternal - prenatal and child health and proposing benchmarks and strategies for future interventions	Central			
Overall report on activities under the five Outcomes of the Task Order during the period, addressing their effect on the improvement of FP/RH and proposing benchmarks and strategies for future interventions	Central			
Health Governance				
Deliverables	Central			
Report on the results of dialogues with political parties regarding the health agenda	Central			
Report on the process of health decentralization, including activities undertaken, and recommendations for future strategic action to strengthen and expand decentralization of the health sector	Central			
Report containing the decentralized management model for selected national health priority, including activities undertaken, and recommendations for implementation	Central			
Report on the progress made regarding reorganization and revised functioning of the RHD	Central			
Report containing the assessment of the Municipal Incentive Program in three regions, including activities undertaken, and recommendations for improvement	Central			
Strengthen and expand decentralization of the health sector				
Health sector issues have been debated publicly in the political transition at the national and regional level				
Central	Central			
TA to Coordination Committee of national political parties to promote dialogue regarding the health agenda (National and Lima)	Central			
Support to the Coordination Committee to monitor progress of the agreements in health	Central			
Support to the Coordination Committee for the organization of workshops and meetings to discuss key health issues (National and Lima)	Central			
Systematization and dissemination of the results of policy dialogue (D 1.1)	Central			
Ayacucho	Ayacucho			
Support to the Coordination Committee to monitor progress of the agreements in health	Ayacucho			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
San Martin	San Martin			
Support to the Coordination Committee to monitor progress of the agreements in health	San Martin			
New health authorities and officials receive key information and policy advice regarding the decentralization process				
Elaboration of the systematization of the health decentralization process (D 1.2)	Central			
Publication of policy briefs	Central			
Dissemination of policy briefs (Meetings and other)	Central			
Participation of public fora, seminars, etc. by invitation	Central			
Meeting with key actors (ANGR, REMURPE, etc.) regarding health decentralization	Central			
Meetings with key actors to promote discussion of health decentralization process: going forward	Central			
Executive summaries to new health administration regarding health decentralization	Central			
Ayacucho	Ayacucho			
Presentation of executive summaries to new health administration regarding health decentralization	Ayacucho			
San Martin	San Martin			
Presentation of executive summaries to new health administration regarding health decentralization	San Martin			
Ucayali	Ucayali			
Presentation of executive summaries to new health administration regarding health decentralization	Ucayali			
The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda	Central			
Central	Central			
TA to MOH and RHDs to organize and facilitate meetings of the IHC	Central			
TA to MOH and RHDs for the discussion of key issues in IHC work group	Central			
TA to MOH and RHD to facilitate agreements with MoH for the IHC	Central			
Elaboration of technical report on local health functions matrix	Central			
The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health	Central			
Central	Central			
Constitution of public health work group and approval of work plan	Central			
Workshop with MOH to identify critical issues regarding the decentralized management model of public health	Central			
Elaboration of concept paper on decentralized management model of public health (D 1.3)	Central			
Workshops with key actors to review international experiences regarding public health management in decentralized contexts (Canada/Brazil/Mexico)	Central			
Support to public health workgroup to design the decentralized management model of public health	Central			
Support to public health workgroup to validate the decentralized management model of public health	Central			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Regional Health Directorate and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization				
Central	Central			
Elaboration of operational guideline for the delimitation of health networks and micro networks	Central			
Elaboration of tool to assess feasibility of network and micro network organization	Central			
Elaboration of methodological guidelines for RHD reorganization	Central			
Systematization of the reorganization processes in RHD and health networks (D 1.4)	Central			
TA to MoH Decentralization Office in the second regional application of MED Salud-I	Central			
TA to MoH Decentralization Office in the revision and validation of regional MED Salud-II	Central			
Apurímac	Apurimac			
TA to design reorganization of networks and micro networks – Abancay	Apurimac			
TA to design reorganization of networks and micro networks - Andahuaylas	Apurimac			
Ayacucho	Ayacucho			
TA to RHD in the second regional application of MED Salud-I	Ayacucho			
TA for the implementation of reorganization of RHD and networks	Cusco			
San Martin	San Martin			
TA for the revision and update of the reorganization plan	San Martin			
Technical meetings and workshops with RHD to revise and monitor reorganization plan	San Martin			
Elaboration of RHD internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	San Martin			
Elaboration of Health Network internal organizational documents (Organization Manuals, Personnel Assignment Cadres) in key units	San Martin			
TA to RHD in the second regional application of MED Salud-I	San Martin			
Ucayali	Ucayali			
TA to RHD in the second regional application of MED Salud-I	Ucayali			
TA to formulate Regional Health Plan	Ucayali			
The MoF and MoH have validated an incentive program to foster results in prioritized health programs through coordination between health services and local governments				
Central	Central			
Systematization of the Municipal Incentive Program (MIP) during year 1 (D 1.5)	Central			
Elaboration of proposal for RG and LG framework agreement for malnutrition reduction and MIP (intergovernmental relationship)	Central			
Elaboration of awareness and training program for health network and micro network chiefs for agreements with LG	Central			
Elaboration of methodological proposal for health network and LG action plan agreement for malnutrition reduction and MIP	Central			
Elaboration of a report with legal review and analysis of international and national experiences in accountability mechanisms in the health sector	Central			
Elaboration of proposal to strengthen accountability mechanisms in the health sector	Central			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Ayacucho	Ayacucho			
Interviews to RG and selected LG to complete the systematization of 2010 MIP implementation	Ayacucho			
Meeting with RG to define intergovernmental relationship strategy	Ayacucho			
Meeting between RG and LG to define intergovernmental agreement	Ayacucho			
TA to RG (RHD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	Ayacucho			
TA to RG (RHD and networks)to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	Ayacucho			
TA to health micro networks and LG for the implementation of accountability mechanisms to the local community	Ayacucho			
TA to RG and LG to monitor and assess intergovernmental relationship strategy	Ayacucho			
San Martin	San Martin			
Meeting between RG and LG to define intergovernmental agreement	San Martin			
TA to RG (RHD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	San Martin			
TA to RG (RHD and networks) to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	San Martin			
TA to health micro networks and LG for the implementation of accountability mechanisms to the local community	San Martin			
TA to RG and LG to monitor and assess intergovernmental relationship strategy	San Martin			
Ucayali	Ucayali			
Meeting between RG and LG to define intergovernmental agreement	Ucayali			
TA to RG (RHD) for training of health networks for the promotion of action plans with LG for the reduction of malnutrition	Ucayali			
TA to RG (RHD and networks) to selected health micro networks in the elaboration of action plans with LG for the reduction of malnutrition	Ucayali			
TA to health micro networks and LG for the implementation of accountability mechanisms to the local community	Ucayali			
TA to RG and LG to monitor and assess intergovernmental relationship strategy	Ucayali			
One RHD has approved health sector anticorruption plan				
Huánuco	Huánuco			
TA to Regional Government to elaborate Anticorruption Plan in Health	Huánuco			
Health Insurance and Financing				
Deliverables	Central			
Report on policies and regulations taken by the national health authority regarding health financing and insurance	Central			
Report on the process of health insurance, including activities undertaken, and recommendations for future strategic action to strengthen and expand the health insurance reform	Central			
Technical report on health financing reform and strategy to ensure health financing reform developed with broad participation and gain wide public support	Central			
Report on policies, regulations, and programmatic actions taken by regional governments regarding health financing	Central			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Technical report on validated methodology to formulate and implement a Multi Year Health Investment Plan at the regional level	Central			
Activity 2.1: Improve health coverage of poor and vulnerable populations				
The MOH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services	Central			
TA to MOH to update pharmaceutical components related to the clinical content of PEAS	Central			
TA to MOH to update standard costing of PEAS	Central			
Publication of PEAS technical report	Central			
ASEGURA update	Central			
TA to MOH to elaborate report containing recommendations for modifications of the PEAS legal norm	Central			
New health authorities and officials receive key information and policy advice regarding strategic action to strengthen and expand the health insurance reform				
Systematization of policies and regulations taken by the national health authority regarding health financing and insurance (D 2.1)	Central			
Elaborate systematization of the health insurance reform process (D 2.2)	Central			
Systematization of policies and regulations taken by the regional governments regarding health financing and insurance (D 2.4)	Central			
Publication of policy briefs	Central			
Dissemination of policy briefs (Meetings and other)	Central			
Participation of public fora, seminars, etc. by invitation	Central			
Executive summaries to new health administration regarding health insurance reform	Central			
Capacity building of key officials regarding health financing	Cusco			
Ayacucho	Ayacucho			
Presentation of executive summaries to new health administration regarding health insurance	Ayacucho			
Cusco	Cusco			
Presentation of executive summaries to new health administration regarding health insurance	Cusco			
San Martin	San Martin			
Presentation of executive summaries to new health administration regarding health insurance	San Martin			
The MoH has designed a health financing reform to ensure financing of the health sector as required by the universal health insurance				
Central	Central			
Publication of working document Fiscal Space	Central			
Elaboration of a technical report on Health Financial Reform (D 2.3)	Central			
Meeting with key actors to discuss contents of the technical report	Central			
Technical assistance to MoH for discussion of the technical report	Central			
Publication of technical report on Health Financial Reform	Central			
Public dialogue /Advocacy regarding the technical report	Central			
Consultancy for the Health Insurance Law	Central			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Ayacucho	Ayacucho			
Workshop with RG, RHD/CTIR members to assess progress	Ayacucho			
Cusco	Cusco			
TA to the RHD and CTIT for the implementation of UHI in VRAE	Cusco			
Activity 2.2: Ensure efficiency and equity in health resource allocation				
The MOH (SIS) has designed a new payment mechanism for primary health care providers to introduce efficiency and equity incentives and ensure that payments to local health providers are timely				
Central	Central			
TA to MOH and SIS to develop proposal of new payment mechanism for primary health level care	Central			
Technical meetings with MoH/SIS and MOF to discuss new payment mechanisms for primary health care level	Central			
Technical meeting with RG and RHD to discuss proposal of new payment mechanism for primary health care level	Central			
Regional plan for improved management of health financial flows has been approved and is being implemented in one region				
Central	Central			
Elaboration of technical report on public health expenditure under decentralization	Central			
San Martin	San Martin			
Workshops with RHD and Networks and Micro Networks to redesign financial flows and identification of critical control points	San Martin			
Approval of technical proposal of financial flows by RG	San Martin			
TA to RHD for the elaboration of the Operation Manual and implementation plan of financial flows	San Martin			
RHD in one priority region has formulated multiyear health investment plan				
Central	Central			
Technical meetings with MoH and MoF to discuss methodology of formulation of the multi-year health investment plan	Central			
Elaboration of Technical report on validated methodology to formulate and implement a Multi Year Health Investment Plan at the regional level	Central			
Technical meetings with MoH and MoF to adjust norms regulating health investment	Central			
Apurimac	Apurimac			
Workshop on the methodology of multi-year investment plan to members of the Planning Division of RG	Apurimac			
Workshops with RG and RHD for the estimation of physical gaps for the implementation of PEAS at regional level	Apurimac			
Cusco	Cusco			
Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD	Cusco			
Workshops with RG and RHD for the estimation of physical gaps for the implementation of PEAS at regional level	Cusco			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
San Martin	San Martin			
Workshop on the methodology of multi-year investment plan to members of the Planning Division of RHD	San Martin			
Workshops with RG and RHD for the estimation of physical gaps for the implementation of PEAS at regional level	San Martin			
Workshops with RG and LG to prioritize health investments needs	San Martin			
TA to RHD for the elaboration of multi-year investment plan	San Martin			
Health Information				
Deliverables	Central			
A report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making related to integrated health and to MCH, FP/RH, HIV/AIDS and TB.	Central			
The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions				
National data quality standards are established or improved	Central			
Central	Central			
TA to the MOH for the conformation of the Implementing group of the Standard of Interoperability HL7	Central			
TA to the MOH for the design of the Development plan of standard of Interoperability for the affiliation of users of AUS	Central			
TA to the MoH for the development of the Standard of Interoperability for the purchase and sale of tied services to AUS	Central			
Migration of SEEUS to free Platform	Central			
Elaboration of report of policies, regulations and programmatic actions taken by national and regional governments regarding registry, use and dissemination of reliable data for decision making (D 3.1)	Central			
Regional plans for improved collection, analysis, dissemination, and use of information by health micro networks have been approved and implemented in three regions				
Central	Central			
Development and validation of the prototype of GalenHos-Primary Care (including micro-network)	Central			
IT audit of hospital GalenHos to be migrated to a free access platform	Central			
Migration of hospital GalenHos to a free access platform	Central			
Migration of GalenHos Hospital to platform Web	Central			
Design, development of new modules of GalenHos-Hospital (e.g. universal health insurance reports, pharmacy, etc.)	Central			
Audit of additional Modules of GalenHos Hospital developed by Clients	Central			
Update of GalenHos Hospital with new Modules (outpatient care, surgical room)	Central			
Design of plan of Monitoring of GalenHos (Hospital and first level)	Central			
GalenHos maintenance Hospital	Central			
GalenHos maintenance first level	Central			
Design of GalenHos - RHD with emphasis in Indicators of maternal and child care, FP/RH, HIV/AIDS, TB	Central			
Development of public investment prototype for the health provision information system for micro network	Central			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Design of Blog for the sensitization and induction in the handling of GalenHos Hospital	Central			
Design of Blog for the sensitization and induction in the handling of GalenHos First Level	Central			
Training of GalenHos implementers (Hospital and first level)	Central			
Ayacucho	Ayacucho			
Update of needs of Information of the RHD from GalenHos Hospital and GalenHos first level with emphasis in Infantile Maternal Health, PF/SSR, HIV/SIDA y TBC	Ayacucho			
TA for the development of public investment project for the health provision information system for hospitals	Ayacucho			
TA for the development of public investment project for the health provision information system in selected networks	Ayacucho			
Maintenance of GalenHos-Hospital	Ayacucho			
Validation of prototype GalenHos-Primary Care (including installation, training, customization)	Ayacucho			
Monitoring of GalenHos Hospital	Ayacucho			
Workshops for elaboration of hospital IT investment project	Ayacucho			
Cajamarca	Cajamarca			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Cajamarca			
Monitoring of GalenHos (Sicuani/Quillabamba)	Cajamarca			
Cusco	Cusco			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database (Sicuani/Quillabamba)	Cusco			
Monitoring of GalenHos (Sicuani/Quillabamba)	Cusco			
Technical meeting with RHD, Network Managers to design implementation plan of GalenHos-Primary Care	Cusco			
TA for the development of public investment project for the health provision information system for Primary Care	Cusco			
Training workshops to RHD IT team for the installation and operation of GalenHos-Primary Care	Cusco			
Training workshops to RHD IT team for the local configuration of GalenHos-Primary care database	Cusco			
Huanuco	Huánuco			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	Huánuco			
Monitoring of GalenHos (Hospital)	Huánuco			
Workshops for elaboration of hospital IT investment project	Huánuco			
La Libertad	La Libertad			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	La Libertad			
Monitoring of GalenHos (Hospital)	La Libertad			
San Martin	San Martin			
TA to monitor health information improvement plan	San Martin			
Update of needs of Information of the RHD from GalenHos Hospital and GalenHos first level with emphasis in Infantile Maternal Health, PF/SSR, HIV/SIDA y TBC	San Martin			
Validation of prototype GalenHos-Primary Care (including installation, training, customization)	San Martin			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Training workshops to RHD IT team for the installation and operation of GalenHos-Hospital Care	San Martin			
Training workshops to RHD IT team for the local configuration of GalenHos-Hospital database	San Martin			
Training workshops to RHD IT team for the installation and operation of GalenHos-Primary Care	San Martin			
Training workshops to RHD IT team for the local configuration of GalenHos-Primary care database	San Martin			
Monitoring of GalenHos (Hospital)	San Martin			
Tumbes	Tumbes			
Monitoring of GalenHos (Hospital)	Tumbes			
Health Workforce				
Deliverables	Central			
Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health.	Central			
Activity 4.1: Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.				
Dialogue between experts and policy makers to design civil service policies in the health sector	Central			
Central	Central			
Technical assistance to MOH in policy dialogue for Health Career Path (Focus in the first level of care)	Central			
Report of policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding human resources for health. (D 4.1)	Central			
Design and validation of broad based system for planning health workforce has taken place in one region				
Central	Central			
Technical meetings with MOH and RG to coordinate guidelines for HHR planning	Central			
Development of research to determine the HR time available for healthcare activities	Central			
Technical meetings to define a procedure to calculate the gap in HR at the first level of care	Central			
Design a proposal of guidelines and procedures to define action plans and monitor plan to fill the gap.	Central			
Ayacucho	Ayacucho			
Workshops to train in ASEGURA to calculate HR time to provide PEAS priorities at network level	Ayacucho			
Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR	Ayacucho			
Technical meetings with regional team to monitor the implementation of action plans.	Ayacucho			
San Martin	San Martin			
Data collection to validate tools and methodology to determine the HR time available for healthcare activities	San Martin			
Workshops to train in ASEGURA to calculate HR time to provide PEAS priorities at network level	San Martin			
Workshops with regional technical team to define the gap in HR to implement PEAS and define strategies and action plans to fill the gap in HHR	San Martin			
Technical meetings with regional team to monitor the implementation of action plans.	San Martin			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Design and validation of regional human resources management system has taken place in one region				
Central	Central			
Develop of a methodology to design an implementation plan for the system (roadmap)	Central			
Ayacucho	Ayacucho			
Rapid assessment of HHR situation at regional and local level and define and prioritize a HHR process of the system.	Ayacucho			
Workshops with networks and micro networks to identify and prioritize HHR problems and define processes of the system to implement	Ayacucho			
Workshop(s) to design an implementation plan for the process of the HHR system that has been prioritized	Ayacucho			
Technical meetings with RHD, networks and micro networks to adjust management documents to the functions defined in the HHR management system	Ayacucho			
Workshop(s) with the regional committee to validate a proposal of the HHR management system and procedures manual	Ayacucho			
Technical meetings with RG and RHD to approve technical documents related HHR management system	Ayacucho			
San Martin	San Martin			
Rapid assessment of HHR situation at regional and local level and define and prioritize a HHR process of the system.	San Martin			
Workshops with networks and micro networks to identify and prioritize HHR problems and define processes of the system to implement	San Martin			
Workshop(s) to design an implementation plan for the process of the HHR system that has been prioritized	San Martin			
Technical meetings with RHD, networks and micro networks to adjust management documents to the functions defined in the HHR management system	San Martin			
Workshop(s) with the regional committee to validate a proposal of the HHR management system and procedures manual	San Martin			
Technical meetings with RG and RHD to approve technical documents related HHR management system	San Martin			
Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region				
Central	Central			
Technical meetings with MOH and SERVIR to define methodology and procedures to design management competencies	Central			
Technical meetings with MOH to coordinate the design of a proposal of a system for the evaluation and supervision of competencies at the regional level.	Central			
Ayacucho	Ayacucho			
Workshop(s) to define managerial competencies profile for RHD / network / micro network	Ayacucho			
Technical meetings with RHD to define key managerial competencies	Ayacucho			
Workshops to define performance standards for key managerial competencies	Ayacucho			
Workshops to design competencies evaluation tools for key managerial competencies	Ayacucho			
Apurimac	Apurimac			
Technical meetings with RHD to define key managerial competencies	Apurimac			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Huanuco	Huánuco			
Technical meetings with RHD to define key managerial competencies	Huánuco			
Medical Products, Vaccines and Technologies				
Deliverables				
Report on policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding pharmaceutical and supply chain management systems.				
Activity 5.1: Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics standards				
Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies according to PEAS in one region				
Central	Central			
Design a methodology to forecast and program needs of pharmaceutical products and medical supplies consistent with the PEAS, the portfolio of services in the networks and their population characteristics.	Central			
Technical meetings with DIGEMID to present the methodology proposal	Central			
Technical meeting to present ASEGURA to DIGEMID	Central			
Elaborate operational guideline to forecast and plan needs for pharmaceuticals and supplies	Central			
Report on policies, regulations, and programmatic actions taken by regional and national governments and health authorities regarding pharmaceutical and supply chain management systems (D 5.1)	Central			
Apurimac - Abancay	Apurimac			
TA to RHD to strengthen the capacities of logistic management (Manual for Good Practices)	Apurimac			
Apurimac - Andahuaylas	Apurimac			
TA to RHD to strengthen the capacities of logistic management (Manual for Good Practices)	Apurimac			
Ayacucho	Ayacucho			
Validation of methodology to forecast and program needs of pharmaceutical products	Ayacucho			
TA to RHD to strengthen the capacities of regional and local networks to plan, forecast and manage drug requirements	Ayacucho			
TA to RHD to estimate pharmaceutical budget and prepare its annual procurement plan.	Ayacucho			
Cusco	Cusco			
TA to RHD to strengthen the capacities of regional and local networks to plan, forecast and manage drug requirements	Cusco			
San Martin	San Martin			
Validation of methodology to forecast and program needs of pharmaceutical products	San Martin			
TA to RHD to strengthen the capacities of regional and local networks to plan, forecast and manage drug requirements	San Martin			
TA to RHD to estimate pharmaceutical budget and prepare its annual procurement plan.	San Martin			

Project Components, Activities and Sub-Activities	Location	Qrt 6 -2011	Qrt 7 -2011	Qrt 8 -2011
Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region				
Apurimac - Abancay	Apurimac			
Implementation of the Distribution Centers of medicines and supplies (CDMI)	Apurimac			
Implement proposal developed by the RHD for regional distribution	Apurimac			
TA to improve processing and transmitting medicines information	Apurimac			
Apurimac - Andahuaylas	Apurimac			
Implementation of the Distribution Centers of medicines and supplies (CDMI)	Apurimac			
Ayacucho	Ayacucho			
TA to RHD to monitor regional action plans for the improvement of quality and availability	Ayacucho			
TA to develop and implement a proposal to improve distribution system to health facilities	Ayacucho			
TA to improve logistic process and procedures	Ayacucho			
Cusco	Cusco			
TA to develop and implement a proposal to improve distribution system to health facilities	Cusco			
San Martin	San Martin			
TA to improve logistic process and procedures	San Martin			
TA to Preparation of manual processes (MAPRO) on regional flows prepared for drug delivery	San Martin			
TA to improve the distribution system to health facilities	San Martin			
Ucayali	Ucayali			
Quick assessment of pharmaceutical products supply and quality assurance at the regional and local levels	Ucayali			
TA to RHD to develop/update regional action plans for the improvement of quality and availability (including warehouses and distribution network)	Ucayali			

7 Problems encountered

There have been some difficulties regarding the permanence and continuation of key regional officials in the different regions. During this quarter, the Regional Health Directors of Huanuco and San Martin were changed twice, and the Social Development Manager in Ayacucho was also changed twice.

As special case is Ayacucho, where the Regional Hospital executive director has been changed and it remains to be confirmed if GalenHos will be kept as the Hospital Information System. The chief of the statistics and informatics office at the hospital has been removed, and this represents the loss of a key support of the implementation process in this hospital. It is also likely that the chief of the informatics office be removed.

Problems identified have an origin not associated to the technical assistance approach defined by the project. Although some delay may be expected, especially regarding the implementation of GalenHos in Ayacucho, the execution of planned activities for the rest of the year does not need to be rescheduled.

8 Proposed Solutions to New Problems

Based in an analysis of the political context, we expect that the national elections to be held in April 10 will have a major impact in the current health reform process, than the regional elections conducted November last year. This because, although the political parties agreed on a general base in the decentralization and the universal health insurance (UHI) policies, the pace, intensity and extension might vary from one political position to another. In that sense, the Project teams are preparing policy briefs that shall inform the future MOH authorities about the status and pathway expected for these processes.

The Project will also organize both at the national and regional levels, policy dialogue meetings on these issues, calling for the participation of the different political parties.

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9 List of Upcoming Events

Health Governance

- April – Presentation of the consensus’s document about non communicable diseases.
- April-May: organization of policy dialogue meetings in Lima and Regions.

Health Financing

- April-May: organization of policy dialogue meetings in Lima and Regions.

Health Information

- April: Start up meeting for the working group regarding interoperability standards
- April-May: Training sessions for Cajamarca and Belen Hospital

Appendixes

